

CERTIFICATE OF MAILING UNDER 1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service with sufficient postage with service under 37 C.F.R. 1.8(a) on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Mark Moore

October 11, 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**Stephen Maxwell Taylor
Ian Alexander Shiels
Lindsay Charles Brown
Michael Whitehouse
(As Amended)**

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**Confirmation No. 1791**

Serial No.: 10/510,614

Examiner: Unknown

Filed: January 10, 2005

## Group Art Unit: Unknown

For: USE OF C5A RECEPTOR  
ANTAGONIST IN THE TREATMENT  
OF FIBROSIS

Docket Number: 36677.30  
(Formerly 4050.003000)

**RECEIVED**

3 JAN 2006

**Legal Staff  
International Division**

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS AND  
PETITION UNDER 37 C. F. R. § 1.47(a)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notification of Missing Requirements mailed March 10, 2005, I have enclosed the following:

1. The return copy of the Notification of Missing Requirements mailed March 10, 2005;
2. A Declaration on behalf of Stephen Maxwell Taylor, Ian Alexander Shiels, Lindsay Charles Brown and Michael Whitehouse, executed by Stephen Maxwell Taylor, Ian Alexander Shiels, and Lindsay Charles Brown under 37 C. F. R. § 1.47(a);
3. A Petition Under 37 C. F. R. § 1.47(a);
4. Fee Transmittal Sheet for payment of the \$200 fee under 37 C. F. R. § 1.17(g) for the above-mentioned Petition (in duplicate);
5. A Statement of Facts (Statutory Declaration) by Vivien B. Santer in support of the Petition Under 37 C. F. R. § 1.47(a);

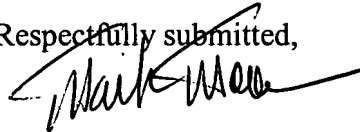
0370872006SC5H001 000000003 081394 10510614  
Sale Ref: 000000003 DAX: 081394 10510614  
01 FC:1808 130.00 DA  
02 FC:2255 1000.00 DA

6. A Statement of Facts (Statutory Declaration) by Alan R. Scott in support of the Petition Under 37 C. F. R. § 1.47(a);
7. Request for 5-month Extension of Time until October 10, 2005 (in duplicate); as Monday October 10, 2005 is a Federal Holiday, the response period is properly extended to Tuesday, October 11, 2005;
8. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address; and
9. A return post card.

A copy of an Assignment to Promics Ltd. is being filed under separate cover.

The Commissioner is hereby authorized to charge payment of any further fees associated with any of the papers submitted herewith or to credit any overpayment to Deposit Account No. 08-1394. Order No. 36677.30.

Respectfully submitted,



Mark D. Moore, Ph.D.  
Registration No. 42,903

Dated: October 11, 2005  
HAYNES AND BOONE, L.L.P.  
901 Main Street, Suite 3100  
Dallas, Texas 75202-3789  
Telephone: 713-547-2040  
Facsimile: 214-200-0853



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

|                             |                        |                  |
|-----------------------------|------------------------|------------------|
| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT  | ATTY. DOCKET NO. |
| 10/510,614                  | Stephen Maxwell Taylor | 4050.003000      |

|                               |
|-------------------------------|
| INTERNATIONAL APPLICATION NO. |
|-------------------------------|

PCT/AU03/00415

|                 |               |
|-----------------|---------------|
| LA. FILING DATE | PRIORITY DATE |
| 04/07/2003      | 04/08/2002    |

23720

WILLIAMS, MORGAN & AMERSON, P.C.  
10333 RICHMOND, SUITE 1100  
HOUSTON, TX 77042

36677.30

MAR 14 2005

WILLIAMS, MORGAN &amp; AMERSON

CONFIRMATION NO. 1791

371 FORMALITIES LETTER



\*OC000000015390294\*

Date Mailed: 03/10/2005

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 10/07/2004
- Copy of the International Search Report filed on 10/07/2004
- Copy of IPE Report filed on 10/07/2004
- Copy of Annexes to the IPE filed on 10/07/2004
- Preliminary Amendments filed on 10/07/2004
- Request for Immediate Examination filed on 10/07/2004
- Copy of references cited in ISR filed on 10/07/2004
- U.S. Basic National Fees filed on 10/07/2004
- Priority Documents filed on 10/07/2004

DO  
By  
G. J. J.  
to Hughes and Boone

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

KAREN R MCLEAN

Telephone: (703) 308-9140 EXT 214

**PART 1 - ATTORNEY/APPLICANT COPY**

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/510,614                  | PCT/AU03/00415                | 4050.003000      |

FORM PCT/DO/EO/905 (371 Formalities Notice)

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

|                                                                                                                                                                                            |  |                          |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|---------------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3> |  | <b>Complete if Known</b> |                                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                  |  | Application Number       | 10/510,614                      |
|                                                                                                                                                                                            |  | Filing Date              | 10/07/2004                      |
|                                                                                                                                                                                            |  | First Named Inventor     | Stephen Maxwell Taylor          |
|                                                                                                                                                                                            |  | Examiner Name            | unknown                         |
|                                                                                                                                                                                            |  | Art Unit                 | unknown                         |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 200                                                                                                                                                   |  | Attorney Docket No.      | 36677.30 (formerly 4050.003000) |

|                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                                                                                                |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>08-1394</u> Deposit Account Name: <u>Haynes and Boone, LLP</u>                                                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                         |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                                            |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |  |

|                                                                                                                                                                                                                               |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|-----------------|--------------------------------------------------------|-----------------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                        |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                          |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
|                                                                                                                                                                                                                               | <b>FILING FEES</b><br><small>Small Entity</small> |                                                         | <b>SEARCH FEES</b><br><small>Small Entity</small> |                 | <b>EXAMINATION FEES</b><br><small>Small Entity</small> |                             |                       |
| <b>Application Type</b>                                                                                                                                                                                                       | <b>Fee (\$)</b>                                   | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>                                   | <b>Fee (\$)</b> | <b>Fee (\$)</b>                                        | <b>Fee (\$)</b>             | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                       | 300                                               | 150                                                     | 500                                               | 250             | 200                                                    | 100                         | _____                 |
| Design                                                                                                                                                                                                                        | 200                                               | 100                                                     | 100                                               | 50              | 130                                                    | 65                          | _____                 |
| Plant                                                                                                                                                                                                                         | 200                                               | 100                                                     | 300                                               | 150             | 160                                                    | 80                          | _____                 |
| Reissue                                                                                                                                                                                                                       | 300                                               | 150                                                     | 500                                               | 250             | 600                                                    | 300                         | _____                 |
| Provisional                                                                                                                                                                                                                   | 200                                               | 100                                                     | 0                                                 | 0               | 0                                                      | 0                           | _____                 |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                   |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
|                                                                                                                                                                                                                               |                                                   |                                                         |                                                   |                 |                                                        | <small>Small Entity</small> |                       |
| <b>Fee Description</b>                                                                                                                                                                                                        |                                                   |                                                         |                                                   |                 |                                                        | <b>Fee (\$)</b>             | <b>Fee (\$)</b>       |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent                                                                                                                                  |                                                   |                                                         |                                                   |                 |                                                        | 50                          | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent                                                                                                                       |                                                   |                                                         |                                                   |                 |                                                        | 200                         | 100                   |
| Multiple dependent claims                                                                                                                                                                                                     |                                                   |                                                         |                                                   |                 |                                                        | 360                         | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                           |                                                   | <b>Extra Claims</b>                                     |                                                   | <b>Fee (\$)</b> |                                                        | <b>Fee Paid (\$)</b>        |                       |
| _____ - 20 or HP = _____                                                                                                                                                                                                      |                                                   | x _____                                                 |                                                   | = _____         |                                                        |                             |                       |
| HP = highest number of total claims paid for, if greater than 20                                                                                                                                                              |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                          |                                                   | <b>Extra Claims</b>                                     |                                                   | <b>Fee (\$)</b> |                                                        | <b>Fee Paid (\$)</b>        |                       |
| _____ - 3 or HP = _____                                                                                                                                                                                                       |                                                   | x _____                                                 |                                                   | = _____         |                                                        |                             |                       |
| HP = highest number of independent claims paid for, if greater than 3                                                                                                                                                         |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                           | <b>Extra Sheets</b>                               | <b>Number of each additional 50 or fraction thereof</b> |                                                   |                 | <b>Fee (\$)</b>                                        | <b>Fee Paid (\$)</b>        |                       |
| _____ - 100 = _____                                                                                                                                                                                                           | / 50 = _____                                      | (round up to a whole number) x _____                    |                                                   |                 | = _____                                                |                             |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                        |                                                   |                                                         |                                                   |                 |                                                        |                             |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                               |                                                   |                                                         |                                                   |                 |                                                        | <b>Fees Paid (\$)</b>       |                       |
| Other: Petition Under 37 C.F.R. 1.47(a)                                                                                                                                                                                       |                                                   |                                                         |                                                   |                 |                                                        | 200                         |                       |

|                     |                      |                                          |
|---------------------|----------------------|------------------------------------------|
| <b>SUBMITTED BY</b> |                      |                                          |
| Signature           |                      | Registration No. (Attorney/Agent) 42,903 |
| Name (Print/Type)   | Mark D. Moore, Ph.D. | Telephone 713-547-2040                   |
|                     |                      | Date October 11, 2005                    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.